

**PATENT**

Attorney's Docket No. U 5631

**COMBINED DECLARATION AND POWER OF ATTORNEY**

*(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP APPLICATION)*

As a below named inventor, I hereby declare that:

**INVENTORSHIP IDENTIFICATION**

*WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter which is claimed and for which a patent is sought on the invention entitled:  
METHOD OF TREATING ALZHEIMER'S DISEASE

**SPECIFICATION IDENTIFICATION**

the specification of which: *(complete (a), (b) or (c))*

(a) ☒ is attached hereto.

(b) ☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ *(if applicable)*.

*NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.*

**PCT FILED APPLICATION ENTERING NATIONAL STAGE**

(c) ☐ was described and claimed in International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended on \_\_\_\_\_ *(if any)*.

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

(Declaration and Power of Attorney [1-1]—page 1 of 3)

### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.  
(e) ☐ such applications have been filed as follows

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

### DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (CIP)

(complete this part only if this is a divisional, continuation, or CIP application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(U.S. application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)

(U.S. application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)

(complete item below and add 35 USC 119 claim, if applicable)

- ☐ The attached 35 USC 119 claim for foreign priority for the U.S. application(s) listed above forms a part of this declaration.

(Declaration and Power of Attorney [1-1]—page 2 of 3)

# POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Leonard J. Robbins, 14894; S. Delvalle Goldsmith, 14383; Paul B. West, 18947; Lester Horwitz, 18998; Joseph H. Handelman, 26179; Peter D. Galloway, 27885; John Richards, 31503; Iain C. Baillie, 24090; John J. Chrystal, 26360; Thomas F. Peterson, 24790; Richard J. Streit, 25765; Richard P. Berg, 28145

## SEND CORRESPONDENCE TO

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New York, N.Y. 10023

## DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Lester Horwitz  
(212) 708-1930

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURES

Full name of sole or first inventor Dr. Bonnie Davis  
Inventor's signature Bonnie Davis  
Date 12/26/85 Country of Citizenship USA  
Residence 17 Seacrest Drive, Huntington, NY 11743  
Post Office Address 17 Seacrest Drive, Huntington, NY 11743

Full name of second joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

## CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) FORMING A PART OF THIS DECLARATION

- ☐ Signature for third and subsequent joint inventors. Number of pages added \_\_\_\_\_
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added \_\_\_\_\_
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added \_\_\_\_\_



019141

Applicant or Patentee: BONNIE DAVIS Attorney's Docket No. U 5631  
Serial or Patent No.: \_\_\_\_\_  
Filed or Issued: \_\_\_\_\_  
For: METHOD OF TREATING ALZHEIMER'S DISEASE

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) and 1.27(b))—INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled \_\_\_\_\_

described in

- ☒ the specification filed herewith.  
☐ application serial no. \_\_\_\_\_, filed \_\_\_\_\_  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization  
☐ persons, concerns or organizations listed below\*

*\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).*

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

BONNIE DAVIS

Name of Inventor

Signature of Inventor

Date

Name of Inventor

Signature of Inventor

Date

Name of Inventor

Signature of Inventor

Date